

**OFFICE OF CENTRAL INSPECTION
PLAN REVIEW SECTION
CONDITIONAL PERMIT REQUEST**

PROJECT NAME: _____

ADDRESS: _____

LEGAL DESCRIPTION: _____

☐

SEE ATTACHMENT

I (We) request a conditional permit to proceed with construction of:

I (We) assume full responsibility for compliance with all pertinent codes, ordinances and regulations of the City of Wichita and shall proceed at my (our) own risk without assurance that the building permit for the entire building will be granted.

If the building permit for the entire building is not granted, I (we) agree to return the land to the condition existing prior to start of construction work specified above.

OWNER (Print Name and Sign)

DATE

CONTRACTOR (Print Name and Sign)

DATE

*****DO NOT WRITE BELOW THIS LINE*****

<input type="checkbox"/>	100	FOOTING	<input type="checkbox"/>	550	INSULATION
<input type="checkbox"/>	110	SETBACK	<input type="checkbox"/>	560	PARKING LOT
<input type="checkbox"/>	120	FDN WALL	<input type="checkbox"/>	570	SCREENING
<input type="checkbox"/>	230	REINF SLAB	<input type="checkbox"/>	580	CUP REQ'MTS
<input type="checkbox"/>	300	ROOFING	<input type="checkbox"/>	590	BZA REQ'MTS
<input type="checkbox"/>	310	FRAMING	<input type="checkbox"/>	800	PARTIAL C/O
<input type="checkbox"/>	400	WALL BD	<input type="checkbox"/>	810	TEMP C/O
<input type="checkbox"/>	520	SPEC INSP RPT	<input type="checkbox"/>	850	TEMP C/O COMP
<input type="checkbox"/>	530	SPRINKLERS	<input type="checkbox"/>	990	FINAL
<input type="checkbox"/>	540	SITE GRADING	<input type="checkbox"/>	999	FINAL OVERRIDE

COMMENTS: _____

THE CONDITIONAL PERMIT IS APPROVED, SUBJECT TO THE LIMITATIONS LISTED ABOVE.

CENTRAL INSPECTION

DATE

FIRE DEPARTMENT

DATE

CONDITIONAL PERMIT REQUEST
OFFICE OF CENTRAL INSPECTION
PLAN REVIEW SECTION
TELE: 316.268.4477 FAX: 316.268.4663



Office of Central Inspection
455 N. Main 7th Floor Wichita, KS 67202-1600
T 316.268.4660 F 316.268.4663

PERMIT NUMBER _____

PROJECT NAME _____

PROJECT ADDRESS _____

LEGAL ADDRESS _____

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I (We) assume full responsibility for compliance with all pertinent codes, ordinances and regulations of the City of Wichita and shall proceed at my (our) own risk without assurance that the building permit for the entire building will be granted. If the permit for the entire building is not granted, I (we) agree to return the land to the condition existing prior to the start of construction work specified above.

By the issuance of this building permit, I acknowledge the requirements of and agree to comply with Chapter 16.32 of the City Code concerning erosion and sediment control requirements on this construction site. I agree to install effective erosion and sediment control devices BEFORE CONSTRUCTION BEGINS, and to maintain said devices in good working condition throughout construction. I understand that failure to comply with the requirements of Chapter 16.32 will subject me to the enforcement actions stipulated therein, as well as other federal and state penalties. Should you need assistance in determining what needs to be done at this site, call the Storm Water Management Office at 316.268.4498.

(Interior renovations are not subject to the provisions of City Code Chapter 16.32)

Owner (Name and signature) _____ Date _____

Contractor (Name and signature) _____ Date _____

Contractor Address _____
Contractor Telephone _____ Fax _____

COMMENTS _____

THE CONDITIONAL PERMIT IS ACCEPTED, SUBJECT TO THE LIMITATIONS LISTED

Central Inspection _____ Date _____